Thomas County HD
350 S Range Ave, Ste 2
Colby, KS 67701
785.460.4596

STAFF USE ONLY
Cash/Credit/Check # _____
Contract Pay: _____
Insurance: _____
KanCare Title 19: ☐ Title 21: ☐
BTA Adult Program: ☐

COVID-19 Vaccine Consent Form

Last Name: _____ First: _____ MI: _____ DOB: _____

Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Gender: ☐ Male ☐ Female Ethnicity: Hispanic or Latino ☐ Yes ☐ No

Race: ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native
☐ Native Hawaiian/Pacific Islander ☐ Unknown/Unreported

		(circle)
1.	Are you under 18 years of age?	Y O N O
2.	Are you experiencing moderate to severe illness and/or a fever?	Y O N O
3.	Have you already received the COVID Vaccine?	Y O N O
4.	Have you had a severe allergic reaction (e.g., anaphylaxis) to any component of either Pfizer-BioNTech or Moderna COVID-19 vaccines?	Y O N O
5.	Have you received a vaccine within the past 14 days?	Y O N O
6.	Have you received passive antibody therapy (monoclonal antibodies or convalescent plasma) as part of COVID-19 treatment within the past 90 days?	Y O N O
7.	Are you pregnant?	Y O N O
8.	Are you breastfeeding?	Y O N O

By signing below:

- My signature authorizes TCHD to share my immunization history with the state of Kansas Immunization Registry.
- I acknowledge that I have been offered a copy of the Department's Notice of Privacy Practices effective 01/01/2023 and the Emergency Use Authorization Fact Sheet. I have read, had explained to me, and had a chance to ask questions regarding the information. I consent for the vaccine to be given to me or the person named above for whom I am authorized to sign.

_____ _____ _____
Signature of Patient/Patient Representative Date Relationship to Patient

Internal Use only:

Manufacturer: _____ ☐ Left Delt ☐ Right Delt

Lot Number: _____

Expiration Date: _____

Dose
☐ Primary ☐ Second
☐ Third ☐ Booster

_____ ____/____/___ _____
Signature of Vaccine Administrator Date Clinic Site

WebIZ: _____ Scanned: _____ Billed: _____
Updated 10.15.26